Cancer of larynx

NICER and Swiss Cancer Registries

### Raw data - Period 2002-2005

<table>
<thead>
<tr>
<th>Gender</th>
<th>New cases</th>
<th>Deaths</th>
<th>Prevalence</th>
<th>Years of life lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>219</td>
<td>79</td>
<td>733</td>
<td>629</td>
</tr>
<tr>
<td>Female</td>
<td>33</td>
<td>11</td>
<td>107</td>
<td>89</td>
</tr>
<tr>
<td>Total</td>
<td>252</td>
<td>90</td>
<td>840</td>
<td>718</td>
</tr>
</tbody>
</table>

(1) Swiss estimates on basis of nine registries  
(2) Computed from data of Federal Office of Statistics  
(3) Estimated from Globocan 2002, IARC - Lyon  
(4) Years lost each year before age 75

### New cases by age group

- **Male**
  - 0-49: 9%  
  - 50-69: 56%  
  - 70+: 33%

- **Female**
  - 0-49: 8%  
  - 50-69: 57%  
  - 70+: 35%

### Deaths by age group

- **Male**
  - 0-49: 9%  
  - 50-69: 46%  
  - 70+: 49%

- **Female**
  - 0-49: 7%  
  - 50-69: 57%  
  - 70+: 36%

### Larynx

A clear association has been made between smoking, excess alcohol ingestion, and the development of squamous cell cancers of the upper aerodigestive tract.

The most important adverse prognostic factors for laryngeal cancers are advanced stages. Cure rates for small laryngeal cancers that have not spread to lymph nodes are 75% to 95%. Locally advanced lesions, especially those with large clinically involved lymph nodes, are poorly controlled with surgery, radiation therapy, or combined modality treatment. Distant metastases are also common, even if the primary tumour is controlled.

Edited by:  
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